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**ACTIVITY DEVELOPMENT WORKSHEET**

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| **What is your name and email?** | Name:  Email: |
| **When will the education take place?** | Date: |
| **Do you have a title or brief description for the**  **education?**  **If yes, please note it to the right; if no, leave blank.**  Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-In | Title/Brief Description: |
| **What practice-based problem (gap) will this education address?**  Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students | Practice-based problem (gap: |
| **What is/are the reason(s) for the gap?  How are your learners involved?**  Examples: We need strategies to discuss difficult topics with family members; Don’t know best ways to improve team collaboration | Reason(s) for the gap: |
| **Review the three statements to the right.**  If you can check any of these boxes, you do not need to identify mitigate, and disclose relevant financial relationships.  If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education. | The education will... (check all that apply)  only address a non-clinical topic (e.g., leadership or communication skills training).  be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).  be a self-directed educational activity where the learner will  control their educational goals and report on changes that  resulted (e.g., learning from teaching, remediation, or a personal  development plan). |
| **What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?**  Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills | Desired change(s) in strategy, performance, or patient care: |

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| **Please list the learning objectives for your presentation (*see Addendum How to Write CME Objectives*)**    **SPECIFY OBJECTIVES FOR EACH PRESENTER.** | |
| **What educational method/format will help us facilitate this change [Q3] in strategy, performance, or patient outcomes in our learners?** |
| **What desirable physician attributes *(e.g., professional competencies)* set forth by national organizations of medicine *(e.g., IOM, ACGME, ABMS)* does this activity address?**   |  |  |  |  | | --- | --- | --- | --- | | **Institute of Medicine Core Competencies** | **ACGME/ABMS Competencies** | **ABMS Maintenance of Certification** | **Other** | | Provide patient-centered care | Patient care | Professional standing |  | | Work in interdisciplinary teams | Medical knowledge | Commitment to lifelong learning |  | | Employ evidence-based practice | Practice-based learning and improvement | Cognitive expertise |  | | Apply quality improvement | Interpersonal and communication skills | Performance in practice |  | | Utilize informatics | Professionalism |  |  | |  | Systems-based practice |  |  | |

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| **In order to award CME/CE credit, please indicate the duration of the education** | Education duration:       hours and       minutes  ***Please report time in 15-minute increments.*** |

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| **Note for Continuing Education Staff**  This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact MSMA at [bstennis@msma.org](mailto:bstennis@msma.org) |

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